

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

091974605

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43		2				
44		2				
45		2				
46		2				
47	1					
48	1					
49	1					
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53	1					
54	1					
55		2				
56		2				
57		2				
58		2				
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TOTAL DEP.						
TOTAL CLAIMS						